

## New Opportunities Waiver (NOW) Training

for  
Direct Service Providers  
and  
Case Managers



First Edition: April 2003

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## NEW VISION, NEW Waiver: NOW

- The current MR/DD Waiver was approved in 1992 and at that time this waiver was best practice for services and service delivery.
- However, with the passage of over 10 years, best practice has changed.
- Families have told the BCSS that they would like to be able to direct their services and the services of their family member.

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## NEW VISION, NEW Waiver: NOW

- The Consumer Task Force created by Act 1147 of the 2001 Legislature made recommendations to the Department of Health and Hospitals to begin the "design" of a new HCB waiver based on the philosophy of self determination and consumer direction.
- The BCSS was given the responsibility to develop a new MR/DD Waiver.

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## NEW VISION, NEW Waiver: NOW

- A workgroup comprised of consumers, advocates, providers, case managers and DHH staff, Department of Social Services staff and other key stakeholders began to meet in January, 2002 to begin the design of the new MR/DD waiver.

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## NEW VISION, NEW Waiver: NOW

- The NOW was created and submitted to the Center for Medicare and Medicaid Services (CMS) in October 2002, requesting a January 1, 2003 implementation date.
- CMS responded to the state, negotiations began and a second date of April 1, 2003 was requested to begin implementation.
- The implementation date is now set for July 1, 2003.

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## NEW VISION, NEW Waiver: NOW

- We have established, via contracts with Families Helping Families, training modules to train families, providers, case managers, BCSS staff and other key stakeholders.
- Training in all Regions of Louisiana will begin shortly. Participants will be notified by mail and through case managers and other stakeholders.

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## NEW VISION, NEW Waiver: NOW

The following modules have been developed to assist in educating people about NOW:

- Understanding and Supporting Consumer Direction
- Shattering Stereotypes
- Supporting Choice and Responsible Decision Making
- Remembering Who the Customer Is...

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## NEW VISION, NEW Waiver: NOW

- How to Hire, Train, and Direct Supports
- How to Choose a Provider
- The Road to Self Determination – A History of Developmental Disabilities
- NOW: Information about the New MR/DD Waiver
- Other Modules Include
  - Self-Determination 101: Providers
  - Individual Funding

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## Frequently Asked Questions: What is Self Determination?

Here are a few FAQ's:

- What is Self determination?
- How does it work?
- What are the services in the NOW?
- How will these services be delivered?

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## Self Determination and Person-Centered Planning Process

Self determination is an overarching philosophy based on the personal outcomes desired by the participant and is actualized using a person-centered process. It supports individuals in attaining: Freedom, Authority, Support, Responsibility, and Affirmation.

- In NOW, the person-centered process will be coordinated by the case manager who will assist the participant in formulating an individualized plan of services and supports.

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## Self Determination and Person-Centered Planning Process...cont.

- Using Self Determination as the basis for decision making, individualized supports and services will be provided as a supplement to natural and community-based supports while supporting dignity, quality of life, and security in the everyday lives of NOW participants.

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## Self Determination and Person Center Planning Process...cont.

- The participant's BCSS approved CPOC shall reflect only the services needed and payment will be made only for the services that are received by the participant.
- Services provided through NOW should not be viewed as a lifetime entitlement or a fixed annual allocation.

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## Services of the NOW

- Individual and family support (IFS) – Day (D) and Night (N)
- Shared Support – Day and Night
- Center-Based Respite
- Community Integration Development
- Environmental Accessibility Adaptations
- Specialized Medical Equipment and Supplies

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## Services of the NOW... cont.

- Supported Independent Living (SIL)
- Supported Employment
- Employment Related Training
- Day Habilitation

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## Services of the NOW...cont.

- Professional Consultation
- Professional Services
- Personal Emergency Response System
- Skilled Nursing Services
- Substitute Family Care  
(Adult Foster Care-Health Insurance Portability and Accountability Act- HIPAA Code name)
- One Time Transitional Expenses
- Transitional Professional Support Services

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## RATES

- All rates for the NOW will be billed in 15 minute increments, except in instances where rates are a per diem.
- The 15 minute increments are requirements of HIPAA.
- HIPAA requirements related to billing will be phased in during the transition to NOW and must be fully implemented by December 31, 2003.

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## Consumer Direction Option

- Is a payment mechanism using a fiscal agent to bill UNYSIS (the fiscal intermediary) for services to the participant who has chosen the consumer directed option.
- For the first three years of the NOW, consumer directed services will be available to a limited number of individuals in three DHH Regions.

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## Consumer Direction Option

- This option will be available only in Regions 1,2,& 9 for the next three years.
- And... it will only be available to 250 participants within those three regions, with 50 participants beginning the process in Year One.
- Individualized and Family Supports will be the only service available for the option in Year One (other NOW services in the CPOC will be available through Traditional Services).
- In the following two years, the balance of NOW services will be available for the Consumer Direction Option as it is phased in and is incorporated into Louisiana's HCB waiver system.

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### INDIVIDUALIZED AND FAMILY SUPPORT (IFS) SERVICES: DAY and NIGHT

- Based on need and specified in the BCSS approved Comprehensive Plan of Care, Individualized and Family Support (IFS) services are defined as day or night direct support and assistance for individuals three years of age and older, or for the relief of the primary care giver.

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### INDIVIDUALIZED AND FAMILY SUPPORT (IFS) SERVICES: DAY- NIGHT

- Individualized and Family Support services can be in or out of the individual's residence, to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community, as outlined in his/her person-centered plan.

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### Rate for IFS Services

- \$3.50 per ¼ hour for day**
- \$1.75 per ¼ hour for night**

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### Provider Types for IFS Services

- Licensed and enrolled Medicaid HCB Waiver service providers of Supervised Independent Living (SIL) or Personal Care Attendant (PCA).

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### Service Limitations for IFS: Day and Night Services

- To bill for this service, the Participant and the IFS-Day/Night worker must be present when the service is delivered.
- Cannot be more than 16 hours in a 24-hour period for Day IFS services unless documented and approved.
- Transportation is included in the rate.

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### Service Limitations for IFS Day and Night Services... cont.

- Cannot exceed 8 hours in a 24 hour period for Night IFS.
- Cannot exceed 24 hours per 24 hours combined of Day and Night support.
- The IFS worker may not work more than 16 hours per 24 hours.
- Must be billed in 15-minute increments.

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### Service Limitations for IFS Day and Night Services...cont.

- Cannot be provided or billed for at the same hours on the same day with any other NOW service.
- Cannot include services provided in the IFS worker's home.
- ONLY SIL Providers may bill IFS services for their SIL clients.
- ONLY PCA providers may bill IFS services for their clients that are not approved for and participating in SIL services.

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### Shared Supports

- IFS services may be shared by related NOW participants or up to three unrelated NOW participants who choose to live together.
- These services can be provided in a variety of settings and the NOW participants may share IFS services staff when health and welfare can be assured for each individual.

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### Shared Supports...cont.

- An indication of Shared Supports shall be reflected on the BCSS approved CPOC based on an individual-by-individual determination with Individual Budgets adjusted accordingly.
- Due to requirements of privacy and confidentiality, individuals who choose to share supports must sign a Shared Support Agreement form (sample included) that outlines:
  - the services/times in which support will be shared,  
*Note: A copy of each participant's Budget Page must be submitted.*
  - the agency selected to provide these services/ supports,
  - who the supports will be shared with, and
  - an agreement to release confidentiality to facilitate the coordination of services.

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### Shared Supports IFS Rates

- \$2.63 per ¼ hour for day for 2 people
- \$2.33 per ¼ hour for day for 3 people
- \$1.32 per ¼ hour for night for 2 people
- \$1.17 per ¼ hour for night for 3 people

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### Provider Type for IFS Shared Supports

- Licensed and enrolled Medicaid HCB Waiver service providers of Supervised Independent Living or Personal Care Attendant.

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### Service Limitations for IFS Shared Supports

- To bill for this service, the Individual participants and the IFS worker must be present when the service is provided.
- Cannot exceed 16 hours per 24 hours for Day Shared Support.
- Cannot exceed 8 hours per 24-hour period for Night Shared Support.
- Case Managers and Direct Service Providers will be required to maintain close communication with the BCSS Regional Office in order to facilitate service authorization and changes when required.
- BCSS Regional offices will assign Shared Support participants to one BCSS Certification Specialist to facilitate the approval and service authorization process.

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### Service Limitations for IFS Shared Supports cont.

- Cannot exceed 24 hours per 24 hours combined of Day and Night Shared Support.
- Cannot include services provided in the shared support worker's residence.
- Cannot be provided or billed for at the same hours on the same day with any other NOW service.
- Must be billed in 15 minute increments.

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### Center-Based Respite

- Based on need and as specified in the BCSS approved Comprehensive Plan of Care, Center-Based Respite (CBR) is a service provided to individuals three years of age and older when the participant is unable to care for himself/herself, to prevent them from being institutionalized.

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### Center-Based Respite...cont.

- The service is provided for participants who require support and/or supervision in their day-to-day life, in the absence of their primary care giver.
- The participant's routines are to be maintained while receiving Center-Based Respite Care in order to attend school, work, or other community activities/outings.

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### Center-Based Respite...cont.

- Community outings shall be included in the BCSS approved CPOC and shall include school attendance, school activities, or other activities the individual would receive or participate in if they were not receiving services in a center-based respite center. This will avoid interruption of the individual's daily routines.

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### Rates for Center-Based Respite

- \$2.87 per ¼ hour

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### Provider Type for Center-Based Respite

- Licensed and enrolled Medicaid HCB Waiver service provider of Center-Based Respite Care

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### Service Limitations for Center-Based Respite

- To bill for this service, the Participant and center-based respite worker must be present.
- Not to exceed 720 hours per CPOC year.
- Must be billed in 15-minute increments.
- Cannot be provided or billed for at the same hours on the same day with any other NOW service.
- Transportation for community outings will be provided by the Respite Center.
- Does not include cost for room and board.

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### Community Integration Development (CID)

- Based on need and as specified in the BCSS approved Comprehensive Plan of Care, Community Integration Development (CID) is the development of opportunities to assist individuals 18 years of age and older in becoming involved in their community through the creation of natural and community supports.

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### Community Integration Development

- The purpose of CID is to encourage and foster the development of meaningful relationships in the community reflecting the person's choices and values, i.e., doing preliminary work necessary to facilitate membership in civic, neighborhood, church, leisure, and other related groups.

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### Community Integration Development cont.

- CID is for the development of community connection and should not be confused with IFS. CID can be available to one participant and can be shared with up to two participants with rates adjusted accordingly.

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### Rates for Community Integration Development

- \$3.50 per ¼ hour for 1 person
- \$2.00 per ¼ hour for 2 people

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### Provider Type for Community Integration Development

- Licensed and enrolled Medicaid HCB Waiver service providers of Supervised Independent Living or Personal Care Attendant.

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### Special Limitations for Community Integration Development

- To bill for Community Integration Development (CID), all participants and the CID worker providing this service **shall** be present.
- There is a cap of 60 hours (240 units) per participant per CPOC year.

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### Special Limitations for Community Integration Development cont.

- Must be billed in 15-minute increments.
- Cannot be provided or billed for at the same hours on the same day with any other NOW service.
- Recipient must be 18 years of age or older.
- Transportation cost included in the rate.
- Shared Supports must be documented on the Shared Support Agreement Form.

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### ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS

- Based on need and specified in the BCSS approved Comprehensive Plan of Care, Environmental Accessibility Adaptations are physical adaptations to the home or vehicle which are necessary to ensure the health, welfare and safety of recipients three years of age and older.

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## ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS cont.

- Or which enable the individual to function with greater independence in the home, and without which the individual would require additional supports or institutionalization.

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## Examples of Environmental Adaptations cont.

- Such adaptations may include the installation of non-portable ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the individual.

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## Some Exclusions Include:

- Adaptations or improvements to the residence that are of general utility or maintenance and are not of direct medical or remedial benefit to the individual, such as:
- Flooring (carpet, wood, vinyl, tile, stone, etc.)
- Repairs.

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## Some Exclusions Include cont.

- Interior/exterior walling not directly affected by a modification.
- Lighting or light fixtures that are for non-medical use.
- Furniture.
- Roofing, initial or repairs, this includes covered ramps, walkways, parking areas, etc.

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## Some Exclusions Include cont.

- Air conditioning or heating (solar, electric, or gas; central, floor, wall, or window units, heat pump-type devices, furnaces, etc.)
- Exterior fences, or repairs made to any such structures.
- Motion detector or alarm systems for fire, security, etc.

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## Some Exclusions Include cont.

- Fire sprinklers, extinguishers, hoses, etc.
- Smoke and carbon monoxide detectors.
- Interior/exterior non-portable oxygen sites.
- Also, adaptations which add to the total living or total square footage under roof of the residence are excluded from this benefit.

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## Rates for Environmental Accessibility Adaptations

- Rates of payment are based on the adaptations and the approved service authorized.
- Completion/Authorization of the Environmental Accessibility Adaptations Form is required before work is to begin or before payment can be made.

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## Provider Type for Environmental Accessibility Adaptations

- Licensed and enrolled Medicaid HCB Waiver service provider chosen by the participant/participant's family.

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## Provider Type for Environmental Accessibility Adaptations cont.

- When required by state law, the person performing the service must meet applicable requirements for professional licensure.
- When building code standards are applicable, modifications to the home shall meet such standards.

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### Special Limitations for Environmental Accessibility Adaptations

- Cap of \$4,000 per participant for Environmental Accessibility Adaptations. Once at least 90% of the cap is reached, and the account is dormant; the cap is in effect for three years. When the three years are over, the individual can access up to \$4,000 again and the process starts over.

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### SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES

- Based on need and specified in the BCSS approved Comprehensive Plan of Care, Specialized Medical Equipment and Supplies (are specified devices, controls, or appliances, which enable individuals who are three years of age and older to increase their abilities to perform activities of daily living, ensure safety, or to perceive and control the environment in which they live.)

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### Specialized Medical Equipment

- This service also includes items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan.

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### Specialized Medical Equipment

- Items reimbursed with Waiver funds shall be supplemental to any medical equipment and supplies furnished under the Medicaid State Plan.
- All items shall meet applicable standards of manufacture, design, and installation.
- Descriptive pictures, brochures, and or other information must accompany the Assistive Devices Job Completion/ Authorization Form.

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### Examples of Specialized Medical Equipment and Supplies

- Puffer Switches
- Other Specialized Switches
- Environmental Controls

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### Exclusions for Specialized Medical Equipment and Supplies

- Specialized medical equipment and supplies that are of general utility or maintenance and are not of direct medical or remedial benefit to the individual, such as: appliances (washer, dryer, stove, dishwasher, vacuum cleaner, etc.)

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### Exclusions for Specialized Medical Equipment and Supplies cont.

- Swimming pool, hot tub, etc.
- Athletic and tennis shoes, exercise equipment.
- Recreation equipment (swing set) etc.
- Personal computers and software.
- Daily hygiene products (deodorant, lotions, soap, toothbrush, toothpaste, feminine products, diapers, Band-Aids, Q-tips, etc.)

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### Exclusions for Specialized Medical Equipment and Supplies cont.

- Rent subsidy, food, bed covers, pillows, sheets, etc
- Taxi fares, Intra and Interstate transportation services- bus passes, pagers including monthly service, telephones including mobile phones and monthly service, home security systems, including monthly service.

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### Rates for Specialized Medical Equipment and Supplies

- Rates of payment are based on the specialized medical equipment and supplies and the approved equipment/supplies/service authorized.

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### Provider Type for Specialized Medical Equipment and Supplies

- Licensed and enrolled HCB Waiver service agency to provide specialized medical equipment and supplies.

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### Special Limitations for Specialized Medical Equipment and Supplies

- Cap of \$4,000 per participant for Specialized Medical Equipment and Supplies. Once at least 90% of the cap is reached, and the account is dormant, the cap is in effect for three years. When the three years are over, the individual can access up to \$4,000 again and the process begins again.

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### SUPPORTED INDEPENDENT LIVING (SIL) (Companion Care, Adult: HIPAA code name)

- Based on need and specified in the BCSS approved Comprehensive Plan of Care, Residential Habilitation, Supported Independent Living (SIL) services are provided in or out of the participant's residence.

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### SUPPORTED INDEPENDENT LIVING (SIL) cont.

(Companion Care, Adult: HIPAA code name)

- The residence of the participant includes an apartment, a rented home, or the participant's own home, provided the individual does not live in the residence of members of his/her immediate family.

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### SUPPORTED INDEPENDENT LIVING (SIL) cont.

(Companion Care, Adult: HIPAA code name)

- Exceptions to this are participants who live in the residence of :
  - His/her spouse,
  - Parent (s) who is disabled, or
  - Parent (s) who is age 70 years of age or older.

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### Rate for Supported Independent Living, Companion Service Adult

- \$20.00 per day. This includes oversight and administration, the development of service plans for the development and enhancement of socialization and adaptive skills, with age-appropriate activities which provide enrichment and may promote wellness, as indicated in their person-centered plan.

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### Rate for Supported Independent Living, Companion Service Adult

- Minimum direct services include three documented contacts with the participant (s) per week, with at least one of the contacts being face-to-face.

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### Provider Type for SIL

- Licensed and enrolled HCB Waiver service SIL provider.

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### Special Limitations for SIL

- To bill for this service, the SIL Provider must maintain required activities for/with the participant.
- Cannot exceed 365 days per year.
- The participant must be 18 years of age or older.
- Cannot be provided or billed for at the same hours on the same day as Substitute Family Care and Center-Based Respite.
- The provider provides 24 hour back up.
- Does not cover cost of room and board.

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## Day Habilitation

- Based on need and as specified in the BCSS approved Comprehensive Plan of Care, Day Habilitation is provided in a nonresidential setting for the participant who is 18 years of age or older that focuses on socialization/adaptive learning with meaningful age-appropriate activities which provide enrichment and promote wellness, as indicated in their person-centered plan.
- A separate rate for transportation is included in day habilitation for those who need this service.

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## Rates for Day Habilitation

- \$1.63 per ¼ hour for Day Habilitation
- \$12.00 per day for round trip regular transportation one time per day when day habilitation has been provided.
- \$20.00 per day for round trip wheelchair transportation one time per day when day habilitation has been provided.
- Note: Transportation rate is a daily rate that includes as many trips as are necessary for Day Habilitation activities in one day but must have at least one round trip documented in order to bill on any given day for the participant.

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## Provider Type for Day Habilitation and Day Habilitation Transportation

- Licensed as an Adult Day Care provider and enrolled Medicaid HCB Waiver service provider of Day Habilitation.

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## Special Limitations for Day Habilitation and Day Habilitation Transportation

- To bill for this service, the Participant and the Day Habilitation worker must be present.
- Must be 18 years of age or older.
- Limited to 8 hours per day and 5 days per week, but may be as few as one hour per day.
- Cannot be billed for more than 260 days per CPOC year.
- Cannot be provided or billed for at the same hours on the same day as other NOW services.
- Must be billed in 15-minute increments.
- Must have accessed all available Medicaid State Plan Services.

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## Supported Employment (SE)

- By definition, these are services not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or Section 602 (16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 71).

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## Supported Employment cont.

- Supported employment is competitive work in an integrated work setting, or employment in an integrated work setting in which the participant is working toward competitive work, consistent with strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of individuals with ongoing support services for whom competitive employment has not traditionally occurred.

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## Supported Employment cont.

- These are services are provided to individuals who are not served by Louisiana Rehabilitation Services and need more intense, long-term follow along and who usually cannot be competitively employed because supports cannot be successfully faded.

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## Supported Employment Cont.

- Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving HCB Waiver services, including supervision and training.
- A separate rate is reimbursed for participant transportation when needed by the individual for either regular transportation or wheelchair transportation.

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## Rates for Supported Employment

- \$26.24 per day for one-to-one intensive.
- \$25.00 per day for follow along.
- \$2.00 per ¼ hour for mobile crew and enclave.

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### Rates for Supported Employment, cont.

- \$12.00 per day for documented round trip regular transportation one time per day for round trip
- \$20.00 per day for documented round trip wheelchair transportation one time per day for round trip
- Note: Transportation rate is a daily rate that includes as many trips as are necessary for Day Habilitation activities in one day but must have at least one round trip documented in order to bill on any given day for the participant.

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### Provider Type for Supported Employment

- Licensed as an Adult Day Care provider and enrolled HCB Waiver service provider for Supported Employment.

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### SE Service Limitations

- To bill for this service, the Individual and the supported employment worker must be present.
- Cannot be billed for more than 260 days per CPOC year.
- Not to exceed 8 hours a day, 5 days a week.
- Recipient must be 18 years of age or older.
- Cannot be provided or billed for at the same hours on the same day as other NOW services.
- Must have accessed all available Medicaid State Plan Services.

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### Employment Related Training (ERT)

- By definition, these are services not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or Section 602 (16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16) and 71), and based on need.

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### Employment Related Training cont.

- Employment Related Training services consist of paid employment for participants who are 18 years of age or older for whom competitive employment paying wages at or above the minimum wage is unlikely, and who because of their disabilities need intensive ongoing support to successfully perform in a work setting.

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### Employment Related Training cont.

- Services are aimed at providing participants with opportunities for employment and related training in work environments in accordance with U.S. Dept. of Labor regulations and guidelines, one to eight hours a day, one to five days a week at a commensurate wage and in accordance with applicable regulations and guidelines.

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### Employment Related Training cont.

- Services also include related training designed to improve and/or maintain the participant's capacity to perform productive work and function adaptively in the work environment.

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### Rates for Employment Related Training

- \$1.63 per ¼ hour

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### Provider Type for Employment Related Training

- Licensed as an Adult Day Care Provider and enrolled Medicaid HCB Waiver service provider of employment related training.

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### Special Limitations for Employment Related Training

- To bill for this service, the Participant and the employment related training worker must be present.
- Must be 18 years of age or older.
- Cannot be billed for more than 260 days per CPOC year.
- Not to exceed 8 hours a day, 5 days a week.
- Must have accessed all available Medicaid State Plan Services.

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### Special Limitations for Employment Related Training cont.

- Cannot be provided or billed for at the same hours on the same day as other NOW services.
- Must be billed in 15-minute increments.
- The participant may be paid by the Employment Related Training provider for engaging in this service, according to Federal regulations.

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### Professional Services

- The purpose of these services is to increase the individual's independence, and his/her participation and productivity in the home, work, and community. Service intensity, frequency, and duration will be determined by the individual's needs.
- Must be based on need and be included in the BCSS approved Comprehensive Plan of Care.
- Professional services are to be used only when the services are not covered under the Medicaid State Plan.

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### Professional Services cont.

- Professionals providing these services must possess a valid Louisiana license in the specific area in which they are providing services, and have at least one year of experience in that field.

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### Professional services are limited to the following:

- **Psychological Services** are direct services performed by a licensed psychologist, as specified by State law and licensure.
- These services are for the treatment of a behavioral or mental conditions that address personal outcomes and goals desired by the recipient and his or her team.
- Services must be reasonable and necessary to preserve and improve or maintain adaptive behaviors or decrease the maladaptive behaviors of a person with Mental Retardation or Developmental Disabilities.
- The service must be outlined in the BCSS approved CPOC.

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### Professional Services cont.

- **Social Worker Services** are direct counseling services furnished by a Licensed Clinical Social Worker.
- Services are highly specialized and designed to meet the unique counseling needs of individuals with Mental Retardation or Developmental Disabilities.
- Counseling may address areas such as human sexuality, depression, anxiety disorders, and social skills.
- Services must only address those personal outcomes and goals listed in the BCSS approved CPOC.

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### Professional Services cont.

- **Nursing Services** are direct services provided by a Licensed Registered Nurse or Licensed Practical Nurse beyond those services customarily performed in Home Health.
- Services must be outlined in the BCSS approved CPOC and as ordered by a physician.
- Direct services may address health care needs related to prevention and primary care activities, treatment, and diet. Services must comply with the Louisiana Nurse Practice Act.
- Reimbursement will be for the direct service performed by a nurse only, and not for the supervision of a direct support worker or nurse performing hands-on direct service.

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### Rates for Professional Services

- \$18.75 per ¼ hour for Licensed Psychologist
- \$9.38 per ¼ hour for Licensed Clinical Social Worker
- \$6.13 per ¼ hour for LPN
- \$6.13 per ¼ hour for RN

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### Provider Types for Professional Services

- Licensed and enrolled Medicaid HCB Waiver service providers of Personal Care Attendant, Supervised Independent Living, or Home Health Services.
- Each professional providing direct service must possess a valid license:
  - Psychological Services – PhD
  - Social Work Services – LCSW
  - Nursing Services – LPN or RN

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### Special Limitations for Professional Services

- To bill for this service, the participant and the professional rendering the service must be present.
- The participant must be 21 years of age or older.
- There is a \$1,500 cap per participant per CPOC year for the combined range of professional services.
- Must be billed in 15-minute increments.
- Cannot be provided or billed for at the same hour on the same day as other NOW services.

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### Professional Consultation

- The purpose of these services is to evaluate and assess the participant to increase the individual's independence, and his/her participation and productivity in the home, work, and community. Service intensity, frequency, and duration will be determined by the individual's needs.
- Must be on the BCSS approved CPOC.
- Professional consultation services are to be used only when the services are not covered under the Medicaid State Plan.

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### Professional Consultation

- Professionals must possess a valid Louisiana license in the specific area in which they are providing services, and have at least one year of experience in their field of expertise.

First Edition: April 2003

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### Professional Consultation services are limited to the following:

- Psychological Consultation is evaluation and education performed by a licensed psychologist as specified by state law and licensure. These services are for the treatment of behavioral or mental conditions that address personal outcomes and goals desired by the participant and his/her team.
- Services must be reasonable and necessary to preserve and improve or maintain adaptive behaviors or decrease maladaptive behaviors of a person with MR/DD. Consultation provides the participant, family, care givers, or team with information necessary to plan and implement plans for the individual.
- This service must be outlined and address desired personal outcomes in the BCSS approved CPOC.

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### Professional Consultation cont.

- Social Worker Services are highly specialized consultation services furnished by a Licensed Clinical Social Worker.
- These services are designed to meet the unique counseling needs of individuals with MR/DD.
- Counseling and program planning recommendations may address areas such as human sexuality, depression, anxiety disorders, and social skills.
- Services must be outlined and only address those personal outcomes and goals listed in the BCSS approved CPOC.

First Edition: April 2003

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### Professional Consultation cont.

- Nursing Services are consultation services provided only for those services beyond those provided by Home Health. These services must be provided by a licensed Registered Nurse, and as outlined in the BCSS approved CPOC and as ordered by a physician.
- Services must comply with the Louisiana Nurse Practice Act. Consultation services may address health care needs related to prevention and primary care activities.

First Edition: April 2003

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### Rates for Professional Consultation Services

- \$18.75 per ¼ hour for Licensed Psychologist
- \$9.38 per ¼ hour for Licensed Clinical Social Worker
- \$6.13 per ¼ hour for RN

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### Provider Types for Professional Consultation Services

- Licensed and enrolled Medicaid HCB Waiver service providers of Personal Care Attendant, Supervised Independent Living, or Home Health Services.
- Each professional rendering services must possess a valid Louisiana license to practice in their field and one year of experience in their field of expertise:
  - Psychological Services – PhD
  - Social Work Services – LCSW
  - Nursing Services – RN

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### Special Limitations for Professional Consultation Services

- To bill for this service, the Individual and the professional rendering the service must be present.
- The recipient must be 21 years of age or older.
- There is a \$750 cap per individual per CPOC year for the combined range of professional consultation services.
- Must be billed in 15-minute increments.
- Cannot be provided or billed for at the same hour on the same day as any other NOW service.

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## PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)

**Note: HIPAA CODE NAME: Emergency Response System, Installation and Testing Only Emergency Response System, per month service fee.**

- Based on need and specified in the BCSS approved Comprehensive Plan of Care, a Personal Emergency Response System (PERS) is an electronic rented device which enables the participant to secure help in an emergency.

First Edition: April 2003

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## PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)

- Personal Emergency Response Systems (PERS) services are limited to those persons:
  - Who live alone or
  - Who live alone without the benefit of a natural emergency back-up system...
    - Who would otherwise require extensive routine IFS services or other NOW services and
    - Who due to cognitive limitations need support until educated on the use of PERS and the direct support is phased-out (this plan must be outlined in the BCSS approved CPOC) and
    - Where there is a demonstrated need for quick emergency back-up, or
  - Where older or disabled care givers are involved or
  - Where other communication systems are not adequate to summon emergency assistance.

First Edition: April 2003

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## Rates for PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS)

- \$30.00 for each installation.
- \$27.00 per month for maintenance regardless of the number of units in the household.

First Edition: April 2003

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## Provider Type for PERS

- Licensed and enrolled Medicaid HCB Waiver service providers of PERS.

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## Special Limitations for PERS

- Must be a rental and not for purchase. The monthly fee must include the cost of maintenance and training the participant how to use the equipment.

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## Skilled Nursing Services

- Skilled nursing services are provided based on need and specified in the BCSS approved Comprehensive Plan of Care, in or out of the medically fragile individual's home, to meet the needs of the Waiver recipient, prevent institutionalization, and teach the individual and/or family necessary medical or related interventions, such as medication management, as ordered by a physician.

First Edition: April 2003

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## Skilled Nursing Services cont.

- Skilled nursing services will be provided by a licensed, enrolled home health agency using Licensed Nurses, to participant's who are 21 years of age or older, who require skilled nursing services and who meet the criteria as outlined in NOW as medically fragile.

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## Skilled Nursing Services Criteria

- Individuals diagnosed with a chronic disease in which the chronic disease process requires an added vigilance by a licensed nurse to provide prevention, evaluation, and management of a disease, thereby limiting the frequency of acute or emergency services.

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## Skilled Nursing Services Criteria cont.

- Chronic conditions requiring skilled nursing services include: insulin dependence; unstable or uncontrolled diabetes; insufficient respiratory capacity requiring use of oxygen therapy, a ventilator and/or tracheotomy; hydration, nutrition, and/or medication via a gastronomy; severe musculo-skeletal conditions/non-ambulatory status that require increased monitoring and/or the treatment of decubitus; kidney failure requiring dialysis; cancer requiring radiation/chemotherapy; and end-of-life care not covered by hospice services.
- OR

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### Skilled Nursing Services Criteria cont.

- Individuals with chronic disease process who require life-sustaining equipment necessary to sustain, monitor, and treat an individual to ensure sufficient body function. Such medical equipment may include: a ventilator, a suction machine, pulse oximeters, apnea monitors, or nebulizers. This category may also include individuals who require the administration of medications which by law must be administered by a licensed nurse via mediports/central lines/intravenous therapy.

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### Skilled Nursing Services Criteria cont.

#### AND

- Skilled Nursing services must have a physician's order, letter of medical necessity, an individual nursing service plan, and be included in the individual's BCSS approved CPOC.
- In accordance with Home Health Requirements, the physician's order must be updated every 60 days and submitted to the case manager.
- Monthly communication of status must be completed between the nurse and case manager.

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### Skilled Nursing Services

- 12 hours per day or less of skilled nursing services may be authorized at the BCSS Regional Office Level.
- 13 or more hours per day of skilled nursing services must be submitted to the BCSS state office and
- The request for 13 or more hours per day of skilled nursing services will be reviewed for approval by a medical review panel.

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### Rates for Skilled Nursing Services

- \$6.13 per ¼ hour – RN  
Note: Where medically feasible, Skilled Nursing services may be shared by up to three people. *See other Shared Support requirements.*
- \$4.59 per ¼ hour for 2 people
- \$4.04 per ¼ hour for 3 people

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### Rates for Skilled Nursing Services

- \$6.13 per ¼ hour – LPN

Note: Where medically feasible, Skilled Nursing services may be shared by up to three people. *See other shared support requirements...Slide 26 and forward.*

- \$4.59 per ¼ hour for 2 people
- \$4.04 per ¼ hour for 3 people

First Edition: April 2003

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### Provider Types for Skilled Nursing Services

- Licensed and enrolled Medicaid HCB Waiver service provider of Home Health.

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### Special Limitations for Skilled Nursing Services

- To bill for this service, the participant and the nurse providing the skilled nursing service must be present.
- The recipient must be 21 years of age or older.
- Must be billed in 15-minute increments.
- All Medicaid State Plan services must be utilized before accessing this service.

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### Special Limitations for Skilled Nursing Services, cont.

- Cannot be provided or billed for at the same hours on the same day as other NOW services.
- Cannot be provided or billed when covered by Hospice Services.
- Shared Supports must be documented on the Shared Support Agreement Form.

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### Substitute Family Care (SFC)

Foster Care/Adult, HIPAA code name

- Substitute Family Care (SFC) is a stand-alone family living arrangement for individuals 18 years of age or older. The SFC "provider/parents" will assume the direct responsibility for the individual's physical, social, and emotional well being and growth, including family ties, when indicated on the BCSS approved CPOC.

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## Rates for SFC

- \$20.00 per day

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## Provider Type for SFC

- Licensed and enrolled Medicaid HCB Waiver service provider of Substitute Family Care.

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## Special Limitations for SFC

- To bill for this service, the participant must be present.
- Cannot exceed 365 days a year.
- Cannot be provided or billed for at the same hours on the same day as Residential Habilitation-Supported Independent Living or Center-Based Respite.
- Payment does not include room and board.

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## TRANSITIONAL EXPENSES LIFE TIME CAP: \$3,000

- Based on need and specified in the BCSS approved Comprehensive Plan of Care, Transitional Expenses are set-up expenses capped at \$3000 over an participant's life time in NOW.
- The expenses must meet NOW criteria and cannot constitute payment for housing, rent, or deposits.
- Payment for these expenses are for individuals 18 years of age and older, who make the transition from an ICF/MR to their own home or apartment in the community of their choice.

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## Rates for Transitional Expenses

- Reimbursements will be based on participants actual transitional expenses expenditures as outlined in NOW and is specified on the Transitional Expenses Authorization Form.

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## Provider Type for Transitional Expenses

- The Department of Health and Hospitals, Office for Citizens with Developmental Disabilities (OCDD) through their Regional Offices will be enrolled as the Medicaid HCB Waiver service provider of Transitional Expenses Services.
- OCDD in cooperation and coordination with appropriate entities will bill for the reimbursement of these authorized and documented expenses.

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## Special Limitations for Covered Transitional Expenses

- Essential furnishings such as bedroom and living room furniture, table and chairs, window blinds, eating utensils, and food preparation items;
- Moving expenses required to occupy and use a community domicile;
- Health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy.
- Cannot be used as payment for housing, rent, or deposits.
- Lifetime limitation of \$3,000 per participant.

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## Transitional Professional Supports

- Based on need and specified in the BCSS approved CPOC, Transitional Professional Support services is a system using specialized staff to intervene and stabilize a situation caused by any severe behavioral or medical circumstance that could result in loss of a current community based living arrangement.

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## Rates for Transitional Professional Supports

- \$ 18.75 per ¼ hour for licensed psychologist
- \$6.13 per ¼ hour for RN or LPN

First Edition: April 2003

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### Provider Types for Transitional Professional Supports

- Licensed and enrolled Medicaid HCB Waiver service provider of Personal Care Attendant, Supervised Independent Living, or Home Health Services. Each professional rendering services must possess a valid Louisiana license to practice in their field and one year experience in their field of expertise.

First Edition: April 2003

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### Special Limitations for Transitional Professional Supports

- This service is limited to NOW participants who have transitioned out of state-operated Developmental Centers, and have reached the cap for Professional Services and Professional Consultation for the individual's CPOC year.
- Cannot be provided or billed for at the same hour on the same day as any NOW service.

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### Professional Services, Consultation and Transitional Professional Supports

- There will be specific enrollment procedures and expectations for agencies that elect to provide these services.
- Mark your calendars for an informational meeting in Baton Rouge in May/June once an adequate location can be obtained and final procedures are developed.

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### Service Changes from the current MR/DD Waiver to NOW

- Services that are the MR/DD waiver that will not be covered in the NOW are as follows:
  - PCA Low Need (Z0002) – will be Individual and Family Support
  - PCA High Need (Z0011) – will be Individual and Family Support
  - In-Home Respite Low Need (Z0003) – will be Individual and Family Support
  - In-Home Respite High Need (Z0013) – will be Individual and Family Support

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### Service Changes: MR/DD to NOW

- Center-Based Respite Low Need (Z0004) – will be only Center-based respite, no low and high need.
- Center-Based Respite High Need (Z0014) – will be only Center-based respite, no low and high need.
- The following levels of Supported Employment:
  - Levels 1-4 Individual Job (Z0017, Z0018, Z0019 and Z0020)
  - Levels 1-8 Follow along (Z0021, Z0022, Z0023, Z0024, Z0025, Z0026, Z0027, Z0028)
  - Mobile Enclave Levels 1-4 (Z0029, Z0030, Z0031, Z0032)

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### Service Changes: MR/DD to NOW

- Pre-vocational Levels 1-4 (Z0033, Z0034, Z0035, Z0036) – will be employment related training
- Behavior Companion (Z00054) – will be Individual and Family Support services
- Day Companion (Z0053) – will be Individual and Family Support services/Day
- Night Companion (Z0055) – will be Individual and Family Support services/Night
- SIL Training (Z0015) – will be Individual and Family Support services
- SIL consultation (Z0016) – will be Professional Consultation

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### New NOW Services

- Professional Consultation;
- Each professional must possess a valid license in their field of expertise:
  - Nursing – RN
  - Psychology – PhD
  - Social Work – LCSW
- Professional Services;
- Each professional must possess a valid license in their field of expertise:
  - Nursing – RN or LPN
  - Psychology – PhD
  - Social Work – LCSW

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### New NOW Services

- Community Integration Development
- Employment Related Training (rename of Prevocational Services)
- Transitional Professional Support Services
- One time transitional expenses

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### Additional NOW Requirements:

- All new HCBS Waivers approved by CMS require a Quality Assurance Plan to be developed and implemented.
- Louisiana updated the current QA/QI expectations for our HCB waivers in order to meet the expectations of CMS.

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### Additional NOW Requirements:

- Outlined below is the framework for these QA/QI requirements that either already exist or will be phased into the NOW program in order to meet CMS expectations:
  - Participant Access
  - Participant Safeguards
  - Provider Capacity and Capabilities
  - Participant Rights and Responsibilities
  - Person-Centered Planning and Service Delivery
  - Participant Outcomes and Satisfaction
  - System Performance

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### Highlights of Additions to the NOW Quality Assurance Framework

- Risk and Safety Planning for Participants including emergency back up plans
- Enrollment orientation for new providers
- Life Perspectives Teams
- Direct Service Provider Standards

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### Highlights of Additions to the NOW Quality Assurance Framework

- Development of an direct service provider agency specific QA/QI self evaluation and QA/QI plan by all direct service providers.
- BCSS will provide education and training for this phase of QA/QI implementation in the future.

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### Continued QA/QI Requirements

- Reporting of Abuse/Neglect/Critical Incidents
- Documentation of services
- Interactive Communication between stakeholders for Consumer Direction Option between participants, case managers, direct service providers, BCSS and in Regions 1,2,9 the Fiscal Agent.

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### NOW Service Authorization

- Service Authorization must be made based on the BCSS approved CPOC and must occur prior to the delivery of direct services.
- Due to the age, technical problems with the current authorization system and new HIPAA code and billing requirements; an interim service authorization process is being put into effect to allow us to begin the phase in of the NOW.

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### NOW Service Authorization

- BCSS Regional Office sends all approvals on the Initial/Annual CPOC and Revisions for entry into the prior authorization system as follows:
  - Authorizations for the annual CPOC will be issued upon receipt and approval of the annual CPOC by BCSS.
  - For the initial CPOC the cover page, budget pages, approval signature page, 18W, and 51NH are sent for entry into the authorization system.

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### NOW Service Authorization, cont.

- For Revisions the approved budget sheets are to be sent for entry into the authorization system. Note; Due to the flexibility that the quarter span authorization is expected to give participants, there is expected to be a drastic reduction in Revision requests.
- For the Annual CPOC the Cover page, budget pages, approval signature page are to be sent for entry into authorization system.

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### NOW Service Authorization

- Direct Services will be authorized on the CPOC Year Begin Date unless a later date is indicated on the CPOC budget page but will never be prior to the Vendor Payment Begin Date on the 51NH.
- Only those services in the BCSS approved CPOC shall be authorized.
- **Services provided shall not be reimbursed prior to the Vendor Payment Begin Date on the 51NH.**

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### NOW Service Authorization

- Services will be authorized by BCSS based on a BCSS approved CPOC and Individualized Budget.
- Authorizations will be issued in quarterly intervals directly to the provider and the authorization will end on the CPOC End Date.
- The provider is free to bill at any time during the authorization period once services have been delivered.
- Since BCSS is out sourcing this process, all data submitted by service providers, case managers and BCSS Regional Offices must be timely, accurate, consistent with NOW Authorization policies and easily readable.

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## NOW Service Authorization

- CMS has given BCSS approval to delay the implementation of HIPAA Compliant Codes until January, 2004. However, other requirements of HIPAA Billing must be in place by October, 2003 as originally mandated.
- Therefore, HIPAA billing for NOW will begin as the transition to NOW occurs; except for the use of HIPAA compliant codes. Note: Some of the NOW billing codes will be compliant but some codes have yet to be released from HHS.
- It is the responsibility of the provider to bill the UNYSIS (fiscal intermediary) using approved formats and procedures.

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## NOW Service Authorization

- Responsibilities of the Provider**
- To ensure all service authorization requests by the service provider and data provided by the case manager to the service provider is on the approved CPOC and is correct.
- To immediately check authorizations to see that they match the services in the CPOC. Any mistakes that under authorize or over authorize services shall be corrected to match the CPOC approved and authorized services. ONLY services in the approved CPOC shall be authorized.
- Errors related to the BCSS approved CPOC or service authorization must be reconciled between the provider and the case manager in order to correct the CPOC.
- The BCSS Regional Office must approve all changes to the CPOC and go through the authorization process again.

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## NOW Service Authorization

- Before billing:
  - Review the Direct Service Worker timesheets to ensure the services delivered are in the approved CPOC and/or revisions.
  - Bill only the amount of services that were documented as provided (as evidenced by the timesheets and case record notes) and ONLY if they are within the approved services in the CPOC.
  - Make sure you bill with the correct span dates, authorization number, provider number, recipient # as indicated on the authorization.

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## NOW Service Authorization, cont.

- Reconcile all Remittance Advices issued by Unisys with each payment. Check each participant's billing to see that payment was made.
- Remember, there is a one year timely filing requirement.**

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## Transition to NOW

- Based on the information that we have from CMS at the time of the development of this training module, we expect Case Managers to begin immediately completing new CPOC's using the new NOW format so that CPOC's due in July can be submitted for approval for July implementation.
- Current approved CPOC's and the revision request process for the MR/DD waiver will continue to be in effect and in use until the implementation month of the NOW for that participant.
- All current MR/DD waiver recipients must be phased into the NOW before January, 2004.

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## Transition to NOW

- The 2003 schedule for NOW Transition is expected to be phased in as shown in the following table.
- ALL of the NOW CPOC's or Walkovers shall be submitted to BCSS at least 35 days prior to the first day of the Phase In month.

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## Transition to NOW

Phase In Month:	The CPOC and Walkovers whose End Date is listed in these two columns must be submitted as indicated in Column One.	
July: Due by May 27th	July	Jan.
August: Due by June 27th	Aug.	Feb.
September: Due by July 28th	Sept.	March
October: Due by August 27th	Oct.	April
November: Due by Sept. 26th	Nov.	May
December: Due by Oct. 27th	Dec.	June

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## Transition to NOW

- For a CPOC due in one of the transition months, a fully completed CPOC must be developed and submitted to BCSS as scheduled.
- For a CPOC that remains current for the MR/DD Waiver but are scheduled for transition to NOW at a time other than the CPOC Due Date, there are two options. Submission of:
  - 1) A fully completed CPOC, if new NOW services are requested; or
  - 2) A Walkover Plan for those participants who are not requesting new NOW services where all Services remain the same except for the Name of the Service or services are not increased.

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## What about the MR/DD Registry?

- Nothing will change regarding access to the NOW except the name of the HCB waiver being offered to those on the Registry as their name is reached.
- People requesting services will be added to the MR/DD Request for Services Registry just as before the NOW was developed and as new offers/opportunities are made to new individuals from the Registry; they will be phased into the NOW on the same schedule as current participants of the MR/DD Waiver.

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## THE FUTURE

- We anticipate a great future with **NOW** and look forward to working with each of you and your agencies.



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**DEPARTMENT OF HEALTH AND HOSPITALS  
BUREAU OF COMMUNITY SUPPORTS AND SERVICES  
NEW OPPORTUNITIES WAIVER (NOW)  
FACT SHEET**

**Handout12**

<b><u>Description</u></b>	<p>Home and Community-Based Services Waiver programs are based on federal criteria which allow services to be provided in a home or community-based setting for the recipient who would otherwise require institutional care. Due to the demand for these services, there is an MR/DD Request for Services Registry (RFSR) that lists individuals who meet the Louisiana MR/DD definition, and their request date. This waiver is offered on a first-come, first-served basis. Persons interested in being added to the MR/DD Request for Services Registry for this waiver should contact the Bureau of Community Supports and Services (BCSS) toll-free number at 1-800-660-0488. The application process does not begin until a slot is available. At that time, medical and financial determinations are done simultaneously to validate that the individual has mental retardation or a developmental disability, and meets the financial and medical/psychological requirements for institutional care in an ICF/MR. Through freedom of choice, requestors choose their case management and direct service providers.</p> <p>NOW is only appropriate for those individuals whose health and welfare can be assured via the Comprehensive Plan of Care and for whom home and community-based waiver services represent a least restrictive treatment alternative. NOW is intended to provide specific, activity focused services rather than continuous custodial care.</p> <p>The following are the services provided under the NOW: Individualized and Family Support (IFS) Service-Day-Night, Shared Supports for some services, Center-Based Respite, Community Integration Development, Environmental Accessibility Modification, Specialized Medical Equipment and Supplies, Residential Habilitation-Supervised Independent Living, Day Habilitation and Transportation for Day Habilitation; Supported Employment and Transportation for Supported Employment; Facility-Based Employment, Professional Services, Professional Consultation, Personal Emergency Response System, Skilled Nursing Service, Substitute Family Care, Transitional Expenses; Transitional Professional Support Service.</p>
<b><u>Level of Care</u></b>	Requestors <b>must meet ICF/MR level of care</b> for medical and/or psychological criteria. Procedure and requirements are the same as ICF/MR facility determination for admission.
<b><u>Population</u></b>	Age ° Age 3 years and older and Mentally Retarded or Developmentally Disabled (MR/DD) which manifested prior to age 22. Must meet the Louisiana definition for MR/DD.
<b><u>Financial</u></b>	<p>* Income ° For 2005, the monthly income limit is \$1,734 (up to 3 times the SSI amount). For children, income of other family members is not considered if the child receives SSI. Parental income is counted toward minor children for the month of admission only. The income of the minor and the income of the parent(s) with whom the child lived during that month are counted together.</p> <p>* Resources ° For 2005, countable resources cannot be worth more than \$2,000 for an individual or \$3,000 for a couple who needs ICF/MR Level of Care. For 2004, under Spousal Impoverishment rules, a married couple can have up to \$92,760 in countable resources, as long as there is a spouse still living at home.</p> <p>* These income and resources limits are subject to change each year.</p>

**For Information About Accessing NOW Services,  
Please Contact Your Regional OCDD Office**